

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10/4/6
O.I.P.E. CLASSIFIER		21	10/11/00
FORMALITY REVIEW	<i>[Signature]</i>	SC 111	11-02-02
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	K9R	04/05/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	01/12/03
2	01/12/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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